



ACTIVITY TITLE: EPILEPSY AND DEPRESSION

COURSE NUMBER: 13.MA.ST.PCS.EPILPAT2.A

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THIS PROGRAM EVALUATION INCLUDES A POST-ASSESSMENT.

POST-ASSESSMENT INSTRUCTIONS

- **1.** All Post-Assessment answers must be completed in the answer blocks on the "PROGRAM EVALUATION & POST-ASSESSMENT ANSWERS" page (Page 2) to be graded.
- 2. A passing grade must be obtained, as defined in the Program Brochure, in order to receive a certificate. If a passing grade is not obtained, notification will be sent, to the email address provided on the "PROGRAM EVALUATION & POST-ASSESSMENT ANSWERS" page (Page 2), with further instructions.
- 3. Please refer any questions or concerns, specific to the Post-Assessment, to the Program Contact listed above.

SUBMISSION INSTRUCTIONS

- 1. Complete this registration and evaluation form within two weeks of completing the activity.
- 2. Fax: (205) 731-1826 No cover page needed, or
 - Mail: Employee Education Resource Center, ATTN: EPC, 950 North 22nd Street, Suite 500, Birmingham, AL 35203.
- 3. Please allow several business days for receipt of certificate if evaluation is faxed, additional transit time if mailed.
- **4.** For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available:

EPC by email at **EESEPC@va.gov**, or the

EES Customer Service by phone at **1.877.EES.1331** option 5 (**1.877.337.1331**).

PRIVACY ACT STATEMENT

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107). PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities

ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.

MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.





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The following demographic questions (name, title, location, etc.) are asked for the purpose of ensuring you meet the evaluation requirements to obtain course credit and to ensure accurate information is printed on your certificate. Your responses to the evaluation are confidential. The results are reported in summary form and not associated with any individual's responses.

OCCUPATI	ONAL CATEGORY	EMPLOYER CATEGORY
Administrator	Pharmacist	□ VHA
Associated/Allied Health	Pharmacy Technician	□ vba
Audiologist	Physician	□ vbA □ NCA
Licensed Counselor	Physician Assistant	
National Certified Counselor	Podiatrist	☐ VA OTHER
Dentist	Psychologist/Clinical Psychologist	DOD
Dietician/Registered Dietician	Social Worker/Licensed Clinical Social Worker	│ ☐ IHS
Health Care Executive	Social Worker Licensed in California	OTHER FEDERAL
Nurse/Advanced Practice Nurse	Speech Pathologist/Language Pathologist	NON FEDERAL
Nurse/Registered Nurse	Other Clinical	Date Viewed
Nurse Registered in California	Other Non-Clinical	
		<u>- </u>
ACCREDITATION/CERTIFICATE REQUEST		
Activity must be approved for the certificate	type in order for such a certificate to be issued.	
General/Non-Accredited	ACPE APA	CA BRN
ACCME	ACPE-Technician ASHA	☐ CDR
ACCME - Non Physician	☐ ADA ☐ ASWB	☐ NBCC
ACHE	☐ ANCC ☐ CA BBS	
EMAIL ADDRESS (REQUIRED: Certificates wi	ll be sent via E-mail):	
TMS User ID: LASTNAME.FIRSTNAMEmmdd (Note:	mm=birth month and dd=birth date	
FIRST NAME:		
LAST NAME:		
Doot 1	Foot Amovious (If Doot Tost Dogwined)	
	Test Ans wers (If Post-Test Required)	h !
• •	II begin on the next page; however, answers <u>must I</u>	
blocks below to be graded	d. If there are no Post-Test Questions, <u>disregard th</u>	ils section.
1 A B C D E 11 A	0 C D E 21 A 0 C D E	31 A B C D E
	B C D E 22 A B C D E	
2 A 0 C D E 12 A		32 A B C D E
2 A D C D E 12 A 3 A D C D E 13 A	0 0 E 23 A 0 0 D E	32 A
2 A 0 C 0 E 12 A 3 A 0 C 0 E 13 A 4 A 0 C 0 E 14 A	0 C D E 23 A B C D E 24 A B C D E	32 A 0 C 0 E 33 A 0 C 0 E 34 A 0 C 0 E
2 A D C D E 12 A 3 A D C D E 13 A 4 A D C D E 14 A 5 A D C D E 15 A	0 0	32 A B C D E 33 A B C D E 34 A B C D E 35 A B C D E
2 A B C D E 12 A 3 A B C D E 13 A 4 A D C D E 14 A 5 A B C D E 15 A 6 A B C D E 16 A	0 0	32 A B C D E 33 A B C D E 34 A B C D E 35 A B C D E
2 A B C D E 12 A 3 A B C D E 13 A 4 A B C D E 14 A 5 A B C D E 15 A 6 A D C D E 16 A 7 A D C D E 17 A	0 0	32 A B C D E 33 A B C D E 34 A B C D E 35 A B C D E 36 A B C D E 37 A B C D E
2 A 0 C 0 E 12 A 3 A 0 C 0 E 13 A 4 A 0 C 0 E 14 A 5 A 0 C 0 E 15 A 6 A 0 C 0 E 16 A 7 A 0 C 0 E 17 A 8 A 0 C 0 E 18 A	0 0	32 A B C D E 33 A B C D E 34 A B C D E 35 A B C D E 36 A B C D E 37 A B C D E 38 A B C D E
2 A 0 C 0 E 12 A 3 A 0 C 0 E 13 A 4 A 0 C 0 E 14 A 5 A 0 C 0 E 15 A 6 A 0 C 0 E 16 A 7 A 0 C 0 E 17 A 8 A 0 C 0 E 18 A 9 A 0 C 0 E 19 A	0 0	32 A B C D E 33 A B C D E 34 A B C D E 35 A B C D E 36 A B C D E 37 A B C D E





PROGRAM EVALUATION

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PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Overall, I was satisfied with this learning activity.	1	2	3	4	5	NA
The learning activities and/or materials were effective in helping me learn the content.	1	2	3	4	5	NA
I learned new knowledge and skills from this learning activity.	1	2	3	4	5	NA
The scope of the learning activity was appropriate to my professional needs.	1	2	3	4	5	NA
The content of the learning activity was current.	1	2	3	4	5	NA
Was the content presented in a manner that was fair and balanced?		Yes	No	NA		
If no, please explain:						
If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
I will be able to apply the knowledge and skills learned to improve my job performance.	1	2	3	4	5	NA
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	1	2	3	4	5	NA
The appropriate technology was utilized to facilitate my learning.	1	2	3	4	5	NA
The training environment (face to face, video conference, web based training) was effective for my learning.	1	2	3	4	5	NA
I found that the technology in this learning activity was easy to use.	1	2	3	4	5	NA
Overall, I was satisfied with the use of technology in this learning activity.	1	2	3	4	5	NA
The technology in this learning activity was responsive and provided access to further support.	1	2	3	4	5	NA
What about this learning activity was most useful to you?						
What about this learning activity was <u>least useful</u> to you?						





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Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
understand what depression is, what causes depression, and what are the symptoms associated with depression	0	0	0	0	0
understand the relationship between epilepsy, seizures, and depression	0	0	0	0	0
identify the effects of anti-epileptic medications on depression	0	0	0	0	0
learn mechanisms, techniques, and strategies to manage, reduce, and control depression	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0





FACULTY EVALUATION

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PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:

5

5

Gilbert Woo / Epilepsy and Depression	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5
Comments	1				

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5

2. Was knowledgeable about the topic 1 2 3 4 3. Engaged participants effectively 1 2 3 4 Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments